

# Becket Systems

An Independent Review Organization

815-A Brazos St #499

Austin, TX 78701

Phone: (512) 553-0360

Fax: (207) 470-1075

Email: [manager@becketsystems.com](mailto:manager@becketsystems.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/21/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** lumbar discogram

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgery

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for a lumbar discogram is not recommended as medically reasonable.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury on xx/xx/xx when he had a slip and fall onto concrete and landed on the left side of his body. The clinical note dated 06/03/11 indicates the patient complaining of low back pain with radiating pain into the left lower extremity. X-rays revealed mild degenerative changes with desiccation at L4-5 and L5-S1. Very mild disc space narrowing and spondylitic changes were also revealed. The procedural note dated 02/23/12 indicates the patient undergoing a transforaminal epidural steroid injection on the left at L5-S1. The patient underwent a facet injection at L5-S1 bilaterally on 05/10/12. The procedural note dated 06/21/12 indicates the patient undergoing a left sided L5-S1 epidural steroid injection. The operative report dated 12/19/12 indicates the patient undergoing an L5-S1 discectomy. The clinical note dated 03/15/13 indicates the patient having completed a full course of conservative therapy. Upon exam, the patient was able to rise from a sitting position without any difficulty. The patient was able to demonstrate full range of motion throughout the lumbar spine. Reflexes were symmetrical and intact. The clinical note dated 08/27/13 indicates the patient undergoing a home exercise program and was doing much better. The patient did demonstrate guarded motions throughout the lumbar spine. The patient had a negative straight leg raise bilaterally. The clinical note dated 01/31/14 indicates the patient continuing with complaints of low back pain that were rated as 3-8/10. The patient also reported intermittent buttocks pain. The patient did have a positive straight leg raise bilaterally with findings greater on the right. The MRI of the lumbar spine dated 02/25/14 revealed disc herniations at L4-5 and L5-S1 with mild bilateral neuroforaminal narrowing at L4-5. The clinical note dated 02/28/14 indicates the patient having developed increasing low back pain. The patient rated the pain as 8/10 and further stated the pain was affecting his quality of life. No strength deficits were identified in the lower extremities. Reflexes were absent at the posterior tibialis bilaterally. Diminished reflexes were identified at the left Achilles. No sensory deficits were identified. The clinical note dated 03/13/14 indicates the patient continuing with low back pain. The patient was

ambulating slowly. The patient continued with very guarded motions throughout the lumbar spine. The clinical note dated 03/24/14 indicates the patient being recommended for a discogram in the lumbar region.

The utilization review dated 03/06/14 resulted in a denial for a discogram as these studies have been determined to be unreliable.

The utilization review dated 03/20/14 resulted in a denial for a discogram as studies have consistently shown the reliability of discograms has been called into question.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation indicates the patient having a long history of low back pain despite a previous surgical intervention. Currently, the conclusive evidence of recent high quality studies has significantly questioned the use of discography results as a preoperative indicator for spinal fusions. Studies have suggested that reproduction of the patient's specific back complaints on injection of 1 or more discs is of limited diagnostic value. Given these findings regarding current studies, the use of discograms is no longer a valid diagnostic tool. Therefore, this request is not indicated. As such, it is the opinion of this reviewer that the request for a lumbar discogram is not recommended as medically reasonable.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)